EXHIBIT V

* Auth (Verified) *

CERMAK HEALTH SERVICES OF COOK COUNTY — **Health Service Request Form**

Last Name: YOUNG First Name: DION Division/Tier: 6

Date of Birth 12 10 73 CCDOC# 2016 06 27018 Today's Date: DEC 25th 2016

PLEASE TELL US ABOUT YOUR HEALTH NEEDS:

MEDS

☐ I am NOT getting my prescribed medication.
☐ I need a refill of my prescribed medications.
Name of medication(s): _____
Date last received medication: __/__/__
☐ Other: _____

MEDICAL

I would like to:
☐ Receive an HIV Test or Information about HIV/AIDS
☐ Be screened for Sexually Transmitted Infections:
☐ *No Symptoms* ☐ *Discharge or Burning when I urinate*

I have the following Medical problem(s):
I think I have a broken or crack bone in my left hand.. After I was in a incident I thought it would be good by now. But its not getting better

MENTAL HEALTH

I have the following Mental Health problem(s):

DENTAL

NOTE: ORAL HEALTH CLEANINGS ARE PROVIDED ONCE A YEAR
I have the following dental problem(s):
☐ Face swollen ☐ I can't open my mouth
☐ Toothache -> Circle Pain Level: *low* 1 2 3 4 5 6 7 8 9 10 *high*
☐ Loose tooth from recent trauma *Date of trauma* __/__/__
☐ Other: _____

EYE

☐ I would like to be seen by an EYE Doctor for eyeglasses
☐ Other: _____

How long have you had the above problem(s)? (#) 4 days / weeks / (months) (circle one)
Have you submitted a Health Service Request for this problem within the past 2 weeks? ☒ Yes ☐ No

STOP!!!!! PLEASE DO NOT WRITE BELOW THIS LINE STOP!!!!!

HSR Collected by: _____ **Date:** 12/26/16
Paper Triaged by nurse: _____ **Date:** 12/26/16
Referral: HSD ☐ Now ☐ Today ☐ Routine
Entered into Cerner by: _____ **Date:** __/__/__
Patient Seen by: _____ **Date:** __/__/__

CHS Form 86322 Rev March 2014